

AURORA COMMONS HOUSING, INC.

RESIDENTIAL HOUSING APPLICATION FOR 811

c/o KPHI

P.O. Box 1869, Homer, AK 99603

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____ M.I. _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE: _____ SOCIAL SECURITY #: _____ PHONE _____

- DO YOU REQUIRE AN ACCESSIBLE UNIT? YES NO IF YES PLEASE DESCRIBE THE ACCESSIBLE FEATURES NEEDED _____
- DO YOU HAVE A GUARDIAN? YES NO IF YES PLEASE PROVIDE NAME, AGENCY AND PHONE NUMBER _____
- DO YOU HAVE A PAYEE? YES NO IF YES PLEASE PROVIDE NAME, AGENCY AND PHONE NUMBER _____

PREVIOUS ADDRESS (Last 3 years) – Attach additional information if necessary

DO YOU RENT _____ OR OWN _____ CURRENT MONTHLY RENTAL PAYMENT \$ _____ MORTGAGE PAYMENT \$ _____

IF OWNED, DO YOU RECEIVE RENTAL INCOME FROM PROPERTY? YES _____ NO _____

CURRENT LANDLORD NAME _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BUILDING OR MGMT. COMPANY NAME: _____

MANAGER'S NAME: _____ PHONE #: _____

FAX #: _____ E-MAIL: _____

DATES: FROM _____ TO _____ RENT AMOUNT: _____

PREVIOUS MONTHLY RENTAL PAYMENT \$ _____

PREVIOUS LANDLORD NAME _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BUILDING OR MGMT. COMPANY NAME: _____

MANAGER'S NAME: _____ PHONE #: _____

FAX #: _____ E-MAIL: _____

DATES: FROM _____ TO _____ RENT AMOUNT: _____

PREVIOUS MONTHLY RENTAL PAYMENT \$ _____

PREVIOUS LANDLORD NAME _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BUILDING OR MGMT. COMPANY NAME: _____

MANAGER'S NAME: _____ PHONE #: _____

FAX #: _____ E-MAIL: _____

DATES: FROM _____ TO _____ RENT AMOUNT: _____

EMPLOYMENT

CURRENT EMPLOYER: _____ YOUR TITLE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SUPERVISOR'S NAME: _____ PHONE #: _____

FAX #: _____ E-MAIL: _____

MONTHLY GROSS INCOME: \$ _____ DATES EMPLOYED _____ TO _____

QUESTIONNAIRE

1. Are you employed or anticipate being employed in the Next 12 months? Yes No
2. Are you presently employed at a second job? Yes No
3. Are you self employed? Yes No
4. Are you receiving Social Security and/or Supplemental Social Security (SSI) Yes No
5. Will you receive and/or do you anticipate the Permanent Fund Dividend? Yes No
6. Do you receive dividends from a Native Corporation? Yes No
7. Do you receive Monthly benefits from the Alaska Senior Care Program? Yes No
8. Are you receiving public assistance? (APA/ATAP)? Yes No
9. Are you receiving or anticipate receiving child support or alimony in the next 12 months? Yes No
10. Do you currently receive unemployment, , or disability benefits? Yes No
11. Are you receiving income from a pension, annuity, and retirement fund? Yes No
12. Are you receiving Insurance policy payments, death benefits or Veteran's benefits? Yes No
13. Are you receiving money regularly from your family, church, and friends or any other form of regular/periodic income? Yes No
14. Do you have any checking accounts? Yes No
15. Do you have any savings accounts? Yes No
16. Do you have any money market accounts? Yes No
17. Do you own any treasury bills, certificates of deposit, stocks or bonds? Yes No
18. Do you have a 401(k)/IRA/Keogh? Yes No
19. Do you receive money from a revocable or non-rev-revocable trust fund? Yes No
20. Do you have whole or universal life insurance? Yes No
21. Do you earn income from a rental property? Yes No
22. Do you or are you in the process of selling any real estate or do you? Yes No
Hold a contract for real estate sold? Yes No
23. Do you own personal property held strictly as investment assets Yes No
24. Have you disposed of assets within the last 2 years for more than fair market value? Yes No
25. Do you have income from assets or sources other than these listed? Yes No

Each household member 18 Years or Older Must Complete a Separate Questionnaire

For each type of income that you're household receives or will receive give the source of the income and the amount of income that can be expected from that source during the next 12 months.

Income Information

Household Member name	Source of Income(Employer name, SSI, APA Etc.)	Expected Annual Income

Account information

Household Member	Bank/financial Institution	Account #	Balance	Interest rate

GENERAL INFORMATION

- HAVE YOU EVER BEEN EVICTED FROM ANY HOUSING?
 YES NO IF YES PLEASE DESCRIBE _____

- DO YOU OWE MONEY TO A PREVIOUS LANDLORD? YES NO IF "YES" EXPLAIN:

- ARE YOU REQUIRED TO REGISTER UNDER A STATE SEX OFFENDER LAW? YES NO
- HAVE YOU OR A MEMBER OF YOUR FAMILY BEEN IN JAIL OR PRISON WITHIN THE LAST THREE YEARS?
 YES NO IF "YES" EXPLAIN: _____

References

FATHER/MOTHER **NAME, ADDRESS,CITY, STATE, ZIP** **PHONE**

Personal (LOCAL)-(not related) _____

In case of emergency, who can we contact? _____

ADDRESS _____ **PHONE#:** _____

For statistical purposes only, please indicate race _____ White _____ Black _____ Hispanic _____ Asian or Pacific Islander
 _____ American Indian/Alaska Native ARE YOU A U.S. VETERAN _____

Certification by tenants(s): I/We have understood and answered all questions on this application. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentations of information or false statements are punishable under federal law. It is the policy of Kenai Peninsula Housing Initiatives not to discriminate in rental practices on the basis of race, religion, sex, age, sexual orientation, national origin, or disability status.

Signature _____ **Print Name** _____ **Date** _____

_____ **Print Name** _____ **Date** _____

Guardian, Payee, Conservator

Representative phone: _____

As part of the application process the applicant's social security number and date of birth must be verified.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208(a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**

FOR OFFICE USE ONLY

Accepted _____ **Denied** _____ **By:** _____

COMMENTS _____

Credit: _____

Criminal: _____ **Sex offender Registration:** _____

